MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 46-6 CERTIFICATE OF DEATH correct 1. PLACE OF DEATH: Jalbot 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or town ... clearly and (If outside city or town limits, write RURAL end give nearest town) Hospital, Institution or street address where death occurred: 312 Valbot (If rural, give LOCATION) information of death cle How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth date of HUKKOUN deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Years Days MARGIN RESERVED 9. Birthplace..... (Town county, and state) 1D. Usual occupation 11. Industry or business 12. Name important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace WITH 14. Maiden name. Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 12 Jalkot St. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) WRITE Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury Dlar PLEASE Address 23. SIGNATURE M. D. or other 19,(Date fec'd by registrar)

RECEIVED

SEP 13 1945

BUREAU V.S.

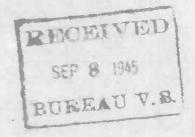
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7000

09280

CERTIFICATE OF DEATH

| CLICITICA | Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| Beeles Md | State County Calori |
| (If outside city or town limits, write RURAL and give nearest town) | Caples. |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. |
| 48 ° | (If paral, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME? | 3. (b) Social Security Number |
| George N. F. Burkha | EVAT SV. 3. (0) Social Security Number |
| 4. Sex 5. Color or take 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male White Married | Supt 7- 115-830A |
| | 20. DATE OF DEATH SAFETY 19 45 at 2 830 Tm |
| 6.(b) Name of husband or wifellice H. Aurkhardt | 21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from |
| | |
| 7. Birth date of | end that I last saw halive on |
| deceased (mo., day, yr.) Jaw 8/86 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| S. Adl. | Little of house |
| 60 7 74hrs. min. | Mapjarca flexi |
| 9. Birthplace Ballewill M. | Due to. |
| (Town county, and state) | accio acadom |
| 10. Usual occupation Alle Valle | Oue to |
| 11. Industry or business | |
| 12. Name Destroy N. Burkhell . | Other conditions |
| 12. Name Destar 1. B. Burkhult. | |
| E Amen A Burkhar II. | (Include pregnancy within 3 months of death) |
| 14. Malden name annak Butkhardt | Major fiedings of operations. |
| El 15. Birthplace | - Qate of op |
| 16. Informant May Casella Cellas | Antopsy results |
| Address Easter . Del. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Bil Valle tools | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Which?) Date thereof the formation (day) (year) | Accident, suicide, or homicide |
| Cemetery or crompany Astrice Week. | Where did injury occur? MY (Gitt or town) (County) (State) |
| Carle no | Injured at home, farm, industry, public place (where?) |
| Location | |
| 18. Funeral disperse | Means of Injury Accided Tajured at work? |
| Address dellas M. | toris / Not mi) ins |
| 701 | 23. SIGNATURE M. D. or other |
| 19. (Date rec'dlay registrar) 19.45 11.79 10.00 Registrar | 64 to 14 9-2-45 |
| (Date rec'd by registrar) Registrar | Address Date signed Date signed |



MARYLAND STATE DEPARTMENT OF HEALTH

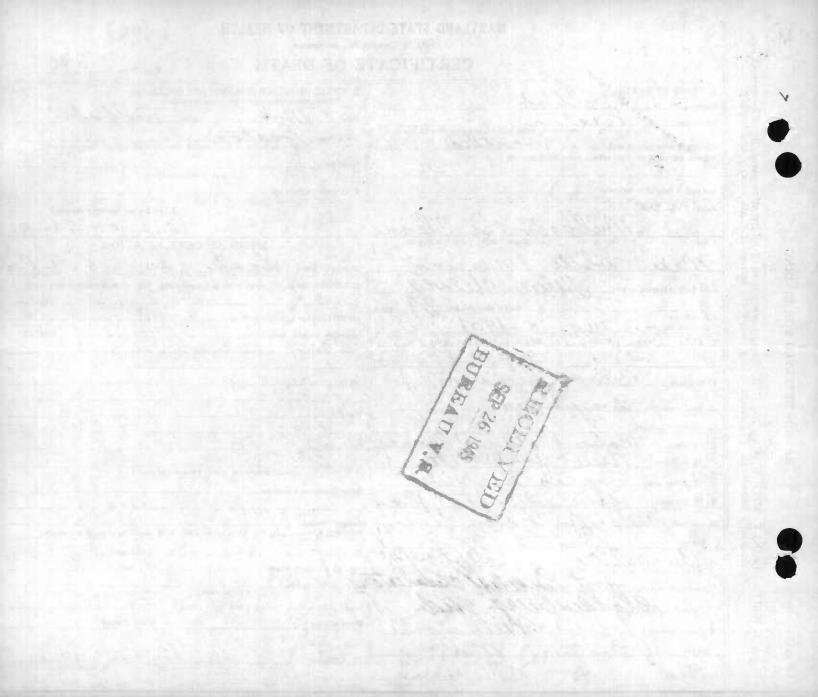
2411 N. Charles St., Baltimore

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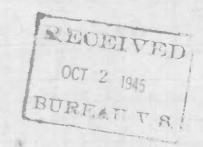
09281

291

| CERTIFICAL | Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH Jalbat. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants-give residence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State Mod County Jallast |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| and the state of t | Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Malcolingee Cleare 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | 3. (b) Social Security Number 212-03-5920 |
| Male White married | MEDICAL CERTIFICATION 20. DATE DF DEATH. Sept. 20. 19.45 at 1-P-M |
| B.(5) Name of husband or wife | 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of | and that I last saw h. home alive on 9-19 18-41 |
| 8. AGE: Yeers Months Days If less than one day | Immediate cance of death DURATION Quite Candian Decomp |
| 44 2 hrsmln. | |
| 9. Birthplace (Town, cornty, and state) | Due to Marchi grammat Defeat management |
| 10. Usual occupation | Oue to |
| 12. Name Robert Lee Cleares | Other conditions |
| | (Incinde pregnancy within 3 months of death) |
| 14. Maiden name agnob Harries 15. Birthplace Allieladelphia Pa. | Major findings of operations. Date of op. |
| 18. Informant Milo Marcolon Cleary | Antopsy results |
| Address Carton, Marianes | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: |
| (Burial, cremation, or removal, Which?) Bate thereof. (Month) (gay) (year) | Accident, suicide, or homicide |
| Location Bladdewicks III | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director John D. Williams | Means of Injury Injured at work? |
| Address Carton M.C. | 23. SIGNATURE J. Leve Bah Dr. D. |
| 19. 9/21 (Date rec'd by registrar) 19.45 M.A. New Registrar | Address Earla Date signed 9-26-40 |



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore MAR CERTIFICATE OF 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County..... (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: Street No. (If rural, give LOCATION) How fong in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION tem of i BINDING Sent. item (20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from write 7. Birth dafe of deceased (mo., day, yr.) Supply DURATION If less than one day Days 8. AGE: Years RESERVED (Town, county, and atate) 10. Usual occupation 11. Industry or business important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Injured af home, farm, Industry, public place (where?) Location Means of Injury 1B. Funeral director ... PLEASE Address .Date signed (Date pec'd by registrar)



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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

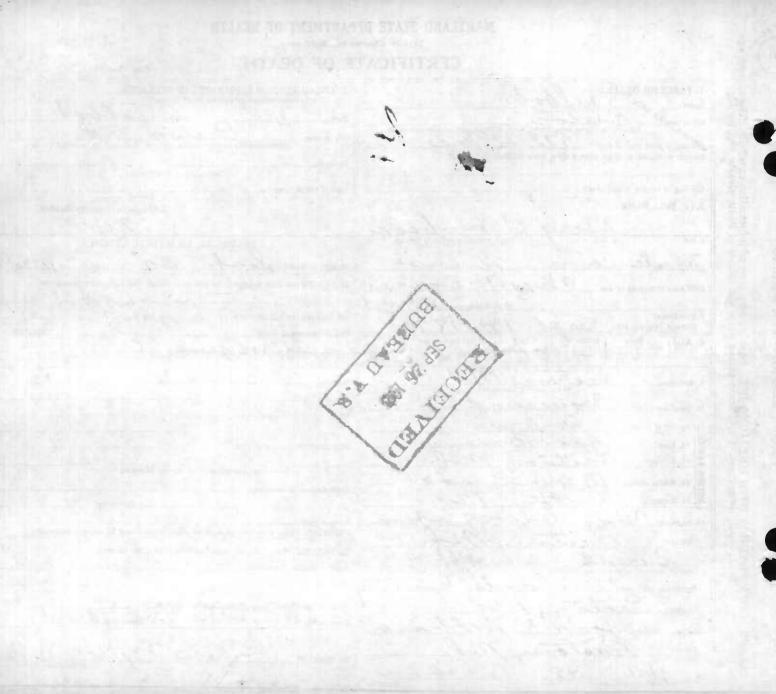
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

09283

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County Jalvov. | (For newborn infants give residence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State County County |
| | City or town Coaston Md |
| Hospital, Institution, or street address where death occurred: | (If outside city or town limits, write KURAL and give nearest town) |
| and the state of t | Street No. |
| How long in hospital or institution? | (If rural, give LOCATION) |
| | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mary 6. Nobson | nous_ |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Tempole Colored Wiles | lad 20 11- 12:2.D |
| 20 3/01 | 20. DATE OF DEATH Sept. 20, 1945 at 12:30 f. 1 |
| 6.(b) Name of husband or wife | 21. I CEBTIFY that death occurred on the date above stated; that I affeoded deceased from |
| 7. Birth data of | (ear) 1940 |
| 7. Birth date of deceased (mo., day, yr.) Sept. 14-1870 | and that I last saw he alive on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 4 | N. P. A. CASA BASIA T. L. |
| 75 - 6hrs. | min. |
| 8. Birthplace Carlon, 114 | Due to The Selection 345 |
| (Town, county, and state) | |
| fD. Usual occupation | Due to. |
| 1f. Industry or business Houseworks. | |
| 12. Name Chas Breeze | Dther conditions. |
| 12. Name Chan Dreese | |
| m in | (Include pregnancy within 3 months of death) |
| H 14. Malden name. Language La | Major findings of operations. |
| fs. Birthplace Earlbon Md. | Date of op. |
| 18. Informant Chas. Blue. Dobon | Autopsy results. |
| Q -4 mal | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Oslalon, M. | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| 10 - 11 - 11 - 1 | |
| Cemetery or crematory | Where did injury occur? |
| Location Coaston | Injured at home, farm, industry, public place (where?) |
| 16. Funeral director And D. Williams | Means of Injury Injured at work? |
| 100 mm 1 | de servición os |
| Address (Lousian) | 23. SIGNATURE THISMAND CHEST. N. D. |
| 19 9/21 1945 n. H. Nevus | M. D. or other |
| 19 | Address Date signed Address |



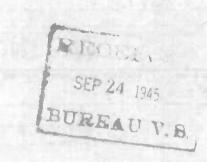
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| rec | CERTIFICA | Reg. Diat. No. | | | | |
|---|---|--|--|--|--|--|
| bly. | 1. PLACE OF DEATH: County Jacks | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
| on carefully. The c clearly and legibly. | City or town | State Manyland County Carolinal City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Manyland (If rural, give LOCATION) | | | | |
| cle | long in hospital or institution? | 2.(a) If veteran, name war. | | | | |
| information of death cle | 3. (a) FULL NAME Mary Jane Engle | 3. (b) Social Security Number | | | | |
| causes of | 4. Sex 5. Color or race 8.(a) Single. married, widowed, or divorced Lengle | MEDICAL CERTIFICATION 20. DATE OF DEATH. September 16 19.45 , st. 5:05 P. M | | | | |
| every iten ite the cau | 6,(6) Name of husbaod or wife | 21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from | | | | |
| ly eve write | 7. Birth date of deceased (mo. day, yr.) June 11, 1943 | and that I last saw halive on | | | | |
| Supply ease wri | 8. AGE: Years Months Days If less than one day 2 3 5min. | Immediate cause of death DURATION Outomobile accidents cause | | | | |
| ADÍNG INK. Physicians: pl | 9. Birthplace Easton, Mary Land (Town, and state) | Due to Shoeff - | | | | |
| VG icia | 1D. Usual occupation. Infant | Due to Core to Gustomobile Leadert | | | | |
| pfr | 11. Industry or business | September 16th, 1945, near Federal Sounds | | | | |
| Ec | 12. Name Melvin Engle 13. Sirthplace Caroline Gunty Maryfand | Diher conditions Constige Constige | | | | |
| WITH UNI | 14. Malden came Helen quitlage 15. Sirthplace Caroline County Wary found | (Include pregnancy within 8 months of death) Major findings of operations. | | | | |
| WITH | 2 15. Sirthplace Caroline County Mary fand | Date of op. | | | | |
| | 16. Informant Melvin Engle V | Autopsy results | | | | |
| NL | Address Preston, Maryfand R.T.D. | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | | |
| PLAINLY, is especially | Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) | 22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide. | | | | |
| Es. P | (Burial, cremation, or removal. Which?) Cemetery or crematory | Where did injury occur? (City or town) (Coputy) (State) | | | | |
| WRITE | Location Near Preston Maryland | Injured at home, farm, Industry, public place (where?) | | | | |
| SE W | 18. Funeral director A. J. Frampton and Son | Means of Injury unlassivelies Injured at work? 150 | | | | |
| | Address Federalsburg Maryland | 23. SIGNATURE MINSTER DE Large Course | | | | |
| PLEA | 19. 9/17 19.45 D.H. Nelvis Registrar | 23. SIGHATURE M. D. or other Address. Date signed 1/11/45 | | | | |

VS A15

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 157-2 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County..., A. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) careful Hospital, Institution, or street address where death occurred: information caref (If rural, give LOCATION) Bow long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 4. Sex MEDICAL CERTIFICATION item of i BINDING C 6.(b) Name of husband or wife..... .6.(c) If alive, give ageyears MARGIN RESERVED FOR 7. Birth date of C. Supply e deceased (mo., day, yr.) 8. AGE: If less than one day (Town, county, and state) 10. Usual occupation..... 11. Industry or business WITH UN important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Malden name. Major findings of operations..... PLAINLY, V is especially i 16. Informant PHYSICIAN: Please nuderline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal. Which?) Date thereof. Accident, suicide, or homicide..... Where did !njury occur?(City or town) WRITE (County) Injured at home, farm, industry, public place (where?) Meens of Injury Injured et work? 18. Funeral director. Address 23. SIGNATURE SZ Address.

Date signed ..

DURATION

13 11 7 . 6

2411 N. Charlee St., Baltimore 534

09286

CERTIFICATE OF DEATH

| No. | 2 | 90 | |
|-----|-----|-------|---------|
| | No. | No. 2 | No. 296 |

| 1. PLACE OF DEATHS Conty And Dear of conty Annual Actual City of two Manual Actual City of two M | | |
|--|---|---|
| State. The state of the state o | | |
| the first is abending to the policy of town limits, write RUKAL and give meanest forward. Colly of town (if contrible dity or town limits, write RUKAL and give meanest forward) | | M. L. D. O. O. |
| Street No. City outside city or town limits, write RURAL and give nearest town) | (If outside city or town limits, write RURAL and give nearest town) | Prestan |
| Siries in hospital or institution? 3. (b) Social Security Number 3. (c) Full NAME 3. (b) Social Security Number 3. (c) Single married, sidewed, or diversed 3. (b) Social Security Number 3. (c) Single married, sidewed, or diversed 3. (c) Single married, sidewed, or diversed 3. (d) Social Security Number 20. DATE OF BEATM 21. ICERTIFY that dight secured on the date above stated. Intel Latinoppe dacased from the date above stated. The Latinoppe dacased from the date above stated at the date above stated. The Latinoppe dacased from the date above stated at the date above stated. The Latinoppe dacased from the date above stated the date above stated at the date above stated t | | (If outside city or town limits, write RURAL and give nearest town) |
| Boy of the popular or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) If Illes the second of diversed of the second of t | I D | |
| 3. (b) Social Security Number 4. Set S. Bolor or race S. (c) Single, married, widowed, or divorced MEDICAL CERTIFICATION 6. (c) Rame of hurband or prite S. (c) If alive, give age and form the date above stated. The Lattender decreased from date of decreased from date above stated. The Lattender decreased from date of decreased from date above stated. The Lattender decreased from date above stated from date above stated. The Lattender date above stated from | | |
| 4. Sex S. Euler or race S. Cal Single, married widowed, or diversed Shake S. Euler or race S. Cal Single, married, widowed, or diversed Shake Sh | | |
| 8. (C) Hame of hubband or pite. 8. (C) Hame of hubband or pite. 9. (E) Hame of hubband or pite. 10. (E) Hame of hubband or pite. 11. (E) Hame of hubband or pite. 12. (E) Hame or pite. 13. (E) Hame or pite. 14. (Haiden name Elizabuth National Angle) 9. (E) Hame of hubband or pite. 15. (E) Hame or pite. 16. (In termite or pite. 17. (E) Hame or pite. 18. (In termite or pite. 19. (E) Hame or pit | 3.5(d) FULL NAME | 3. (b) Social Security Number |
| 8. (C) Hame of hubband or pite. 8. (C) Hame of hubband or pite. 9. (E) Hame of hubband or pite. 10. (E) Hame of hubband or pite. 11. (E) Hame of hubband or pite. 12. (E) Hame or pite. 13. (E) Hame or pite. 14. (A) Hadden name of hubband or pite. 15. (E) Hame or pite. 16. (I) Hame or pite. 17. (E) Hame or pite. 18. (I) Hame or pite. 19. (E) Hame | John Kuchs | |
| 2.1. I CERTIFY that death death approved in the date above staled: that Lattender deapsed from deceased (mo., day, yr.) 8. AGE: fears Months Days If less than one day 9. Birthplace (Yown, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Address 14. Maiden name Cligabith Attacking (mo.) 15. Birthplace 16. Informati Address 17. County and state (mo.) 18. Adepsy results. Address 18. Adepsy results. 19. Accident, suicide, or homicide. 19. Date of opposition (mo.) 10. Country or prior at Which Date of mo. (mo.) 11. Funeral director. Address 12. Name and final last saw Name Cligabith Attacking (mo.) 13. Birthplace 14. Maiden name Cligabith Attacking (mo.) 15. Birthplace 16. Informati Address 17. Country (mo.) 18. Accident, suicide, or homicide. 19. Date of opposition (mo.) 19. Accident, suicide, or homicide. 19. Date of indirector (mo.) 19. Mann of indry (mo.) 10. Significant of the date above staled: that Latender deapsed from (mo.) 19. Mann of indry (mo.) | 4. Sex 5. Color of face 6.(d) Single, married, widowed, of divorced | MEDICAL CERTIFICATION 55 |
| 1. Birth date of decessed (inc. day, yr.) 8. AGE: Years Months Days If less than one day If less than one | state where Jugle | 20, DATE OF DEATH DODGE WENT 26, 1945, at 3 all M |
| 7. Birth date of deceased (me, day, yr.) 8. AGE: Years Months Days If less than one day 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant 17. Ward of the first | 6.(b) Name of husband or wife | |
| and first last saw (and, day, yr.) 8. AGE: Years Months Days It less than one day 10. Usual occupation. 11. Industry or business 12. Rame Salve Production of the same of | December 19.1873 (c) If all ye give ago years | |
| S. AGE: Years Months Days If less than one day S. Birthplace | 1. Birin date of | and that I last saw handlive on 19. |
| 8. Birthplace 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. Borral, cremation, or punoval. Which; 17. Borral, cremator, or punoval. Which; 18. Funeral director Address 19. A 7 18 8 7 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Immediate cause of death DURATION |
| 9. Birthplace Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Information or personal Which death should be charged statistically. Address 16. Usual occupation 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information or personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should be charged statistically. Autopsy results. 16. Information of personal Which death should | 71 0 7 | |
| Town, county, and state) 11. Industry or business 12. Name 13. Birthplace 14. Maiden name | RUDALO | Near trades |
| 11. Industry or business 12. Name | 9. Birthpiace | Due to / Jales |
| 12. Name | 10. Usual occupation | Newoth lace |
| 12. Name | 11. Industry or business | Due to Cladae |
| 13. Birthplace 14. Maiden name. Elizabeth Holstein 15. Birthplace 16. Informant Address 17. Burial, cremation, or permoval. Which? 18. Funeral director Address 19. Address 10. Location Location Location Address 10. Location Location Address 11. Burial director Address 12. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of common (Connty) (Connty) (Connty) (State) Injured at home, farm, industry, public place (where?) Mean of injury Injured et work? 13. SIGNATURE 14. Maiden name. Cinclude pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. (City or town) (Connty) (| | Riber Pandillano Melianani |
| 14. Malden name | 13. Birtholace Russia | bankillente. |
| Address Prestory, Mo Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | (Include pregnancy within 3 months of denth) |
| Address Prestory, Mo Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | A LAGIA | Major findings of operations. |
| Address Pheston, Mo 17. (Burial, cremation, or pemoval. Which?) Cemetery or crematory Location Location Address Physician: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Mean of injury Injured et work? 18. Funeral director Address 19. 9 3 7 15 45 7 11 11 11 11 11 11 11 11 11 11 11 11 1 | ≥ 15. Birthplace | Date of opposition |
| Address 17. Burial, cremation, or pemoval. Which; Date thereof. (month) (day) (year) Cemetery or crematory. Location. County. County | S + 7.1 | |
| 17. (Burial, cremation, or pemoval. Which?) Cemetery or crematory. Location. Location. Accident, suicide, or homicide Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Mean of injury Injured et work? 18. Funeral director. Address 19. 9 3 7 18 45 7 11 - 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Address Presson, Mo- | |
| Cemetery or crematory. Location Location Mean of inlyry Injured at work? Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Mean of inlyry Injured at work? 18. Funeral director Address 19. 9/27 18 45 M. Door other School 445 | | |
| Location Mean of injured at home, farm, industry, public place (where?) 18. Funeral director Management of injured at work? 19. 9/27 18 45 7 14 7 19 19 19 19 19 19 19 19 19 19 19 19 19 | a letter la materia | |
| 18. Funeral director W. W. Mellis & Sow Mean of Injury Injured et work? 18. Funeral director W. D. Mean of Injury Injured et work? 19. 9/27 18 45 7 11- Meaning Sign Multiple Sign M. D. or other Sign M. Or other | Cemetery or crematory | |
| Address Preston Md 18. Funeral director Schrieber M. D 19. 9/27 19 45 M- Menry Schrieber M. D M. Door other Schrieber M. D M. Door other Schrieber M. D | Location Location Lawrence | |
| 18. 9/27 18 45 - n.H. Merries 23. SIGNATURE 18. M. D. or other 45 - 18. Sept 26 45 | 18. Funeral director W. N. Nollis & Sou | Means of Injured et work? |
| 18. 9/27 18 45 - n.H. Merries 23. SIGNATURE 18. M. D. or other 45 - 18. Sept 26 45 | Address Preston md | Many Sel a don Min |
| 19 | 9/07 145 20 8/ 2000 | 23. SIGNATURE M. D. or other |
| | 19. (Date jec'd by registrar) Registrar | Address Easlen Med Date signed 26, 45 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

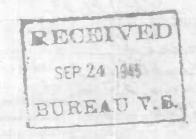
2411 N. Charles St., Baltimore

09287

| | | | | - |
|--------|------|----|----|-----|
| CERTIF | CATE | OF | DE | ATH |

| - | Par | Dist | No. 29 | 0 |
|---|------|-------|--------|---|
| | Reg. | DIAT. | No | |

| | Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | 3. (b) Social Security Number 145-14-3768 |
| male Colored married | MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 18 |
| B.(b) Name of husband or wife Sarah fields | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) July 25-1906 | and that I last saw h |
| 8. AGE: Years Months / Days If less than one day 39 2 hrsmin. | acidestel drowning |
| 9. 8 Irthplace (Town, county, and state) 10. Ueual occupation (Town, county, and state) | Due to |
| 11. Industry or businese 12. Name Grank Linearity 13. Birthplace Bellevice, M. | Other conditions Colly Roll (1976) |
| 14. Maiden name Emo Librar. 15. 8irthplace Bellevue Md. | (Include pregnancy within 3 months of death) Major findings of operations. |
| 18. Informani Jugasho Green Address Bellevice Md | Antopsy results |
| 17 | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? M. Belly use Labor Md. |
| Location Rayal Cake M.S. | (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? |
| 18. Funeral director Baston, Mai | a many Louis P. Meetin) Dep Make |
| 18. 9 31 18 45 N.H. Newson Registrar | Address 212 In Mul Date signed 9-70-45 |



Registrar

(Date rec'd by registrar)

BUREAU Y.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25-6

CERTIFICATE OF DEATH

09289

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| | Reg. Diat. No. | | | | |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State County Clip or town Clip or town imits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) | | | | |
| How long to hospital or institution? | 2.(a) 1 veteran, name war | | | | |
| 3. (a) FULL NAME Sther Cean Hynson 4. Sex 5. Color or race 6. (a) Slogle, married, widower/or divorced | 3.(b) Social Security Number Hone | | | | |
| Female White Sengle | MEDICAL CERTIFICATION 20. DATE OF DEATH | | | | |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | | | |
| 7. Birth date of deceased (mo., day, yr.) aug. 24, 1928 | and that I last saw halive on | | | | |
| 8. AGE: Years Mooths Days If less than one day 17 - 29 | Immediate cause of death | | | | |
| 9. Birthplace (Town, county, and state) | Due to Chromin Administra | | | | |
| 10. Usual occupation | Due to | | | | |
| 12. Name Paul Hynson 13. Birthplace Ridgely, Md. | Other conditions | | | | |
| 14. Maiden name Dellie R. West. 15. Birthplace Denlon, Md. | (Include prognancy within 8 months of death) Major findings of operations. | | | | |
| 3 15. Birthplace Lenton, | Date of op, | | | | |
| 16. Informant Jacob Hymnani Address Edular M-D | Autopsy results | | | | |
| 17 | 22. VfOLENCE: I1 death was due to external causes, fill in the following: Accident, suicide, or homicide | | | | |
| Cemetery or crematory | Where did injury occur? | | | | |
| 18. Funeral director John D. Williams | tnjured at home, 1arm, Industry, public placé (where?) | | | | |
| Address Caxlan, Md | 23. SIGNATURE Dalu M.D. or other | | | | |
| 19. (Days rec'd by registrar) | Address Date signed 9-15-45 | | | | |

BEARD TO TENDENT OF BEATH

RECEIVED

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BUREAU V.S.

we item of information carefully. The correct age the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply is especially important. Physicians: please wr VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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| | Neg. Diac. 110. |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother) |
| County Salato (MADA) | State mary land county Lallot |
| City or town (If outside city or town limits write RURAL and give nearest town) | Elty or town Propher aux |
| How long in above place of death? | (If outside city or town limits, write LORAL and give nearest town) |
| | Street No |
| How long in hospital or tostitution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Charles bensy ones | 7208 544 |
| 4. Sex 5. Color or race 6(a) Syste, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male while married | 20. DATE OF DEATH Sent 19 45 at 40 M |
| 6.(1) Name of husband or wife allie J. Jones | 21. I CERTIFY that death ocurred on the date above stated; that lattended deceased from |
| s /e/ff alive give one 7/ | 19.43 to 500 19.43 |
| 7. Birth date of deceased (mo., day, yr.) | and that t last saw have allow on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 71 2 16hrsmin. | |
| 9. Birthplace Docchester (Town, county, and state) | Due to |
| 1D. Usuat occupation Configuration | |
| 11. Industry or business | Due to |
| | Ditter conditions Sufference Here bless Black |
| 12. Name Charles Wesley ones 13. Birthplace Quehester | (Include pregnancy within 3 months of death) |
| 14. Maiden name Laura ann Jones 15. Birthplace Worchester Ca. | |
| 15. Birthplace Worchester Co. | Major findings of operations. Date of op. |
| 16. Interment Sallie Jones | Antopsy results |
| Address Laple (Russ) | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. A unial Date thereof Sept 10, 4945 (Burial, cremation, or removal, Which?) | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or cremator | Where did injury occur? |
| Location Cappie Control | tnjured at home, farm, Industry, public place (where?) Meens of tnjury Injured at work? |
| 18. Funeral director Mannice 6. Memon + for | megics of injury |
| Address Easton Mary land | 23. SIGNATURE JORGULA CORON |
| 19 Sept81 1945 Josephanoso | (9 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 |
| (Date recell by registrar) | Address Date signed |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

09291

| | | | CERTIFICAT | TE OF DEATH Rog. Dist. No. 290 |
|---|---|---|--------------------------------------|--|
| 1. PLACE OF DEATH: County | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) FULL NAM | WE Howard | P Kinn | amon | 3. (b) Social Security Number 218-20-6199 |
| 4. Sex Male | 5. Color or race | 6.(a)Slogle, m | arried, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH SORT 18 45 11.55 |
| 7. Birth date of deceased (mo., day. 8. AGE: 65 Yea 9. Birthplace | Talbot Co. Talbot Co. (Town, Farmer George F K Talbot Co Talbot Co | Md. County, and state Innamon Md Chambers Co, Md | if less than one dayhrsmin. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 |
| Address 17. Buria (Buria, erematic | Easton, on, or removal, Which? Spring E | Md. Date thereof. | Sept.19th, 1945 (month) (day) (year) | Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other |

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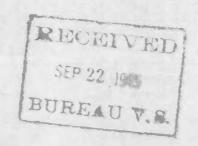
Aprile Hill.

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

er. Diat. No. 290

| - 3 / | 021111111111111111111111111111111111111 | Reg. Diat. No. |
|----------------------------------|---|--|
| . K. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infects give residence of mether) |
| | City or town | State Mary and coupy alto |
| | w long in obove place of dealh? Swa 15 Myn- | City or town (If outside city or town limit), write RURAL and give nearest town) |
| re . | ospilal, institution, or street address where death occurred: | Street No. |
| n care | menonal popular | (If rural, give LOCATION) |
| ion | How long in hospital or institution? | 2.(a) if veteran, name war |
| information care of death dearly | Walling a lay to get to | ster 3. (b) Social Security Number |
| info | 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| R BINDING very item of in | Temale White Single | 2D. DATE OF DEATH. Sept 9 19 45 at 8:45P. |
| ite ite | 6.(b) Name of husband or wife | 21. I CERNIFY that death occurred on the date above stated; thal I stended deceased from |
| thy D | | Dept. 19.45 to Dept 19.45 |
| FOR | 7. Birth dale of deceased (mo., day, yr.) Seft. 9, 1945 | and that I last saw h. L.A. alive on |
| | 8. AGE: Years Months Days It less than one day | Immediate cause of death |
| Sur Sur | 8 hrs. 15 min. | Plustine to |
| N | many il Hospital Enter Md. | Due to. |
| ESEI INK. | 9. Birthplace (Town, county, and state) | DUE TO. |
| 0 0 | 10. Usual occupation | Due to. |
| MARGIN NFADIN at. Physi | 11. Industry or business | • |
| AAI Ph | 12. Name | Dither conditions |
| MA UNF | \$ 13. Birthplace Vilahuman, Md. | |
| | 14. Malden name. Olive anna Munphy 15. Birthplace Thyphy Md. | (Include pregnancy within 3 months of death) |
| WITH | 5 15 Rightniage Til a Paris () A Mad. | Major findings of operations. |
| y y y | MAC Ross Mic Lon | Autopsy results. |
| LY | Address Tild Ruman | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| LAIN | 0.00 | 22. VIOLENCE: It death was due to external causes, fill in the tollowing: |
| PLA PLA | 11 | Accident, suicide, or homicide |
| | Cemetery or crematory Ilquia | Where dld injury occur? |
| UL | Tilale Mad. | tnjured at home, farm, industry, public place (where?) |
| ls SE WRITE | Location Rest Mickey | Means of Injury Injured at work? |
| ro S | 18. Funeral director | |
| A1 EA | Address 1194 Man 1910 | 23. SIONATURE Joyles Baker M.D. |
| VS AJ | 19. 9/9 19 45 n. H. neeris | M. D. or other |
| | (Date rec'd by registrar) Registrar | Address Date signed 7 101 20 |



Reg. Dist. No. 292

| city or town limits, | Oroppo write RYRA | L and give near | est town) |
|-------------------------|----------------------|-----------------|---|
| (If rnral, give L | OCATION) | | |
| | | ial Security N | lumber |
| pt. 21 | ****************** | 19.45 | |
| allye on Se | stated; that | attended decea | sed from 19.43 |
| ú dein | | | DUDATION |
| a myoca | .delis | <u></u> | 340 |
| | | | *************************************** |
| egnaney within 3 mo | onths of death | 1) | |
| | Bat | e of op | |
| ne the cause to which | h death shou | ld he charged s | tatistically. |
| s due to external cause | | | |
| | ************ | Date of | |

(Connty)

M. D. or other

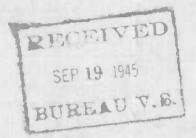


MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother). town Mmits (write RURAL and give nearest town) information carefully of death clearly and city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) How long in pospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from B.(c) if alive, give age. RESERVED FOR 7. Birth date of deceased (mo., day, yr 8. AGE: If less than one day 10. Usual occupation 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide...... (month) (day) (year) WRITE Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Means of injury PLEASE Address

DURATION

2 dans

(Date rec'd by registrar)



1. PLACE OF DEATH:

3. (a) FULL NAME

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FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942) CERTIFICATE OF DEATH

| IE) OF DECEASED: | .9.1 |
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| ence of mother) | |
| Gounty Vallet | *** |
| no mand. | 11 |
| ralimits, write RURAL and give | na. |

3. (b) Social Security Number none-

2. HSUAL RESIDENCE (HON (For newborn infants give resid-

(if outside city or toy

8.(c) If alive, give age 55

7. Right date of deceased (mo., day, yr.) If less than one day 8. AGE: Days

65

10. Usual occupation.

Rosnital, institution, or street address where death occurred:

11. Industry or business

13. Birthplace

Address

(Burial, cremation, or removal, Which?) Cemetery or crematory

Addrese

Registrar

Means of Injury

23. SIGNATURE.

MEDICAL CERTIFICATION

(If rural, give LOCATION)

20. DATE DE DEATH Sept. 26 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 29,1945 and that I last saw h. 1 m. alive on..... Immediate cause of death

Acuta

Major findings of operations.....

(Include pregnancy within 8 months of death) None

Autopsy results.

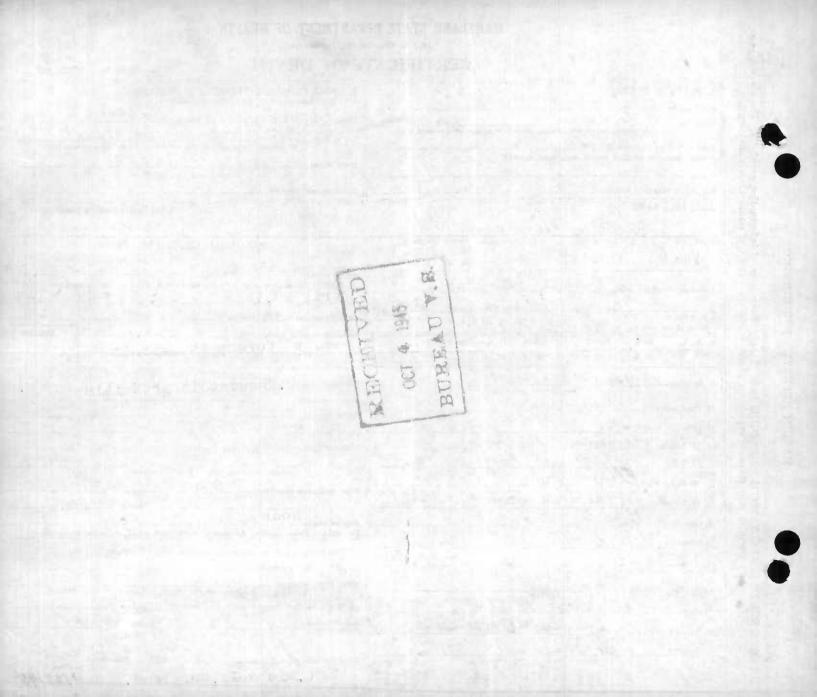
PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur? (City or town) Injured at home, farm, Industry public place (where?)

Injured at work?

St. Michaels, Maryland Cate signed 9/27



MARYLAND STATE DEPARTMENT OF HEALTH

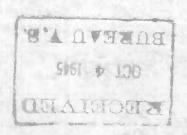
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

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|--|---|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF | |
| County | State Mary land Cour | 1/ 1/ X |
| Cily or town | 117: + | |
| How long in above place of death? | City or town(If outside city or cown limits, | write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Sireet No. | |
| How long in hospital or institution? | (If rural, give) | |
| 3. (a) FULL NAME | 2.(a) t1 veteran, name war | |
| S.(a) Polit Name | | 3. (b) Social Security Number |
| 4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced | II / AFDICA CE | PETITION |
| Lemel Tokets Widowel | 20. DATE DE DEATH CONTROL 2 | RTIFICATION 9 1545 at 3 P |
| 6.(b) Name of husband or wife | 21. LERTISY hat death occurred on the date about | o stated; that latter deceased from |
| 7. Birth date of deceased (mo., day, yr.) | end that I last saw halive on | |
| 8. AGE: Years Months Days It less than one day | Immediate conduit doub | |
| 81 1 5hrsnjq. | Telegra | |
| Technica Call Come. | Buch | |
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| 10. Usuat occupation. | Due to. | ************************************** |
| 11. Industry or business Ocon home | 1 11 | |
| 12. Name Tassison 13. Birthplace Resonant Massison | Other conditions Alexander | |
| K 3 7 1 6 1 10 | (Include pregnancy within 3 m | onths of death) |
| 14. Maiden name 11. 14. Maiden name 11. 15. Sirtholace Seaton 2018. | Major findings ul uperations | |
| E 15. 8 ringlace aslon mg. | *************************************** | Date of op |
| 16. Informant mass by settis Hensele | Autupsy results | |
| Address Kills house med. | PHYSICIAN: Please underling the cause to whi | ich death shuuld bo charged statistically. |
| Builed Sale thereot 10-2-45 | 22. VIOLENCE: tf death was due to externat caus | |
| (Burial, cremation, ur removal, Which?) (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or crematory | Where did injury occur?(City ur town) | (County) (State) |
| Location Miles Frances Miles | tnjured at home, farm, lodustry, public place (wh | |
| 18. Funerat director A Transa marshall | Means of tnjury | tnjured at work? |
| Address Dichaela Zad | la A. | T B. 001. D |
| AUDITOS CART | 23. SIGNATURE Marie | M. D. or other |
| 19. 10-1- 19.45 Paristran | som 17 Fall france | Sola Boto simo Della 184 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-21

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| CDT | TET | CA | TE | OF | DE | ATL |

Reg. Diat. No. 290

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| County | (For revision infants give residence of mother) State Hary Land County Jackst |
| City or town | 1 Cat |
| How long in alrove place of death? | (If outside fly or town limits, write RURAL and give nearest town) |
| Hospital Histitution, or street address where death occurred: | Street No. 28 4. Oxurora St. |
| Start ball a la l | (If rural, give LOCATION) |
| Now long in hospital or institution? 3. (a) FULL NAME | 2.(a) If veteran, name war |
| Mex. D. Tues | 3. (b) Social Security Number |
| 4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| J. W. Married | 20. DATE DE DEATH 1945 at A. |
| 8.(b) Name of husband or wife. Looking V. Aust. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| // | 1945, 10 Alps/ 1945 |
| 7. Birth dale of 400 years 1893 | and that I last saw har alive on Alexander 19 19 |
| deceased (mo., day, yr.) W.C. 4, 1893 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 6. Adl: 15 min. | for the second s |
| | (Deconary accusion fur |
| 9. Birthplace (Town, eounty, and spate) | Due to |
| 10. Usual occupation Range | |
| 11. Industry or business CAL Alonce | Due to |
| 12 Name Tesego & Stranfia | Other conditions |
| 12. Name. There of the state of | |
| 14. Majden name Canic A. Januar | (Include pregnancy within 3 months of death) |
| 14. Maiden name Canic A. January 15. Birthritice | Major findings of operations. |
| Mr. Down Hobel Houghton | Date of op. |
| 16. informant 7.10. | Autopsy results |
| Address / 43/ Otokine St of ocust your Med. | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, eremation, or removal, Which?) Date thereof (month) (das) (year) | Accident, suicide, or homicide |
| Cemetery or crepajory Advisory Will | Where did injury occur? |
| Location Gaston - M. | Injured at home, farm, Industry, public place (where?) |
| AG: Co. | Meens of Injury |
| 18. Funeral director | 110001 |
| Address Casloy 1049. | 23. SIGNATURE Sollame Sammand |
| (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar) | Easton Md British Street |
| (Date rec u by registrar) Registrar | Address Date signed |

The correct age.

ADING INK. Supply every item of information carefully. Physician's please write the causes of death clearly and l

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

MARGIN RESERVED FOR BINDING



PLEASE

AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

119298

CERTIFICATE OF DEATH

Reg. Dist. No. 392

| 02111110111 | Reg, Dist, No. |
|--|--|
| 1. PLACE OF DEATH: Pachot. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town | City or town (If outside city or twwn mitte, write RURAL and give nearest town) |
| How long in above place of death? | (If outside city or fown finits, write RURAL and give nearest town) Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) EUL NAME Revard Dullion | 3. (b) Social Security Number |
| 4. Sex Shale 5. Color or rate 6.(a) Single, married, Adowed, or divorced that the downer | MEDICAL CERTIFICATION 2D. DATE OF DEATH SEPT. 25 1945 at 4:55 A |
| 6.60 Name of husband, or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) July 4 1866 | Immediate cause of death. Manual Manu |
| 8. AGE: Years Months Days If less than one day 2 2 hrsmin. | heart disbase, 5413 |
| 9. Birthplace / Rapps Jallot Co. Md. | Due to Arleres Sclenzer with 1040s |
| 10. Usual occupation. 11. Industry or business, | Due to. |
| 12. Name III Sullivan III Sulli | Diher conditions |
| 14. Maiden name That & Sliga Thelsby | (Include pregnnncy within 3 months of death) Major findings of operations |
| 15. Birthplace a blog to a 112 | |
| 16. Informant | Autopsy results |
| 17 Durial Date thereof 127/9/15 | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| (Burial, cremntion, or removal. Which?) Cemetery or crematory | Where did injury occur? |
| Location Fastast Med. | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Mauries to Thursday Los | / Means of Injury Injured at work? |
| Address Raston Maryladd | 23. SIGNATURE Thelian & Sumous |
| 19. Clastice'd by registrar 19 W Joreflat Cook Registrar | Address Caston ma Jate signed 9/25/45 |

CCT 1 1945
BUREAU V.S.

A15 VS The correct

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 170-3 CERTIFICATE OF DEATH Reg. Diat. No. ...

09299

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For ne born infants give residence of mother) |
|--|---|
| County County | 175 |
| City or town | State |
| How long in above place of death? | City or town |
| Hospital, Institution, or street address where death occurred: | Street No. /3148. Papelon W. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veterandame war. |
| 3. (a) FULL NAME // / > 1// | 3. (b) Social Security Number |
| Helen Medie May War | nev V |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| pemale White yourd | 20, DATE OF DEATH DEATH DEATH 1945 at 80 M |
| The Heater Makuel | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(b) Name of husband or wife. | |
| 7. Birth date of | and that I last saw halive on |
| deceased (mo., day, yr.) May 7/806 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | JYAU WIES JUMOVA |
| 09 / 25hrsmin. | Shell, I. humerus VT. Wrist IVhis |
| 9. Birthplace Pallstine MA | Severile Shout |
| (Town county, and state) | |
| 10. Usuai occupation | Due to Lucto acculous |
| 11. Industry or business | |
| 12. Name Stage 1. B. Grapholds | Other conditions |
| 12. Name 12. Name 13. Birthplace Torrescel | (Include pregnancy within 3 months of death) |
| 14. Maiden nandanguda Burkkuff | |
| 14. Malden name and the state of the state o | Major findings of operatious. |
| 4. 9 | Date of op |
| 16. Informant Mer Lese Vagraf Jaines | Autopsy results |
| Address 46, Poplay 4. Gock, Q. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 Bures & Season thereof Lost 4 1945 | Accident, euicide, or homicide. A. C. Accident, euicide, or homicide. A. C. Accident |
| (Bnrial, cremation, or removal, Which) (day) (year) | Where did injury occur? Ar. Nove mills 74.055 MA |
| Cemetery or crematory | (City of town) |
| Location Span Jan Constitution of the Location | Injured at home, farm, Industry, public place (where?) |
| Bright MA | Meens of Injury watracedant Injured at work? |
| 18. Funeral director | 1. A Mast ma Dest. 16 |
| Address 1. Les Clark | 23. SIGNATURE M. D. or other |
| 19. 9/3 19 45 In Alexander | |
| (Date rec'd by registrar) Redistrar | Address Date signed 4-2-43 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 275

CERTIFICATE OF DEATH

(1931:11)
Reg. Dist. No. 290

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/infanta give residence of mother) |
|---|--|
| 7 County A JOHOOA | State Manyand County Talkol |
| City or jown. (If outside city or town limits, write RURAL and give nearest town) | State |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Haspital, Institution, or street address where death occurred: | |
| Memoral Huspital | Street No(If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| miles vouces | none |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male Blad Single | 20, DATE OF DEATH Sent 20 1941 at 2 PM |
| 17/000 | 20, DATE OF DEATH. |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 20 A 19 19 10 A PA 19 4 A |
| 7. Birth date of | end that I last saw h. M.M. alive on PepA. 20 19 13 |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years Mooths Days If less than one day | Discutery - about 3 when |
| hrsmin. | The state of the s |
| TO DATO MIN | Due to Teneral Test, dut 2 Duya |
| 9. Birthplace (Town, county, and state) | Due to |
| 10. Usual occupation. | T. Tanana |
| | Duo to Selden |
| 11. industry or business | |
| 12. Name 12. Name 13. Birthplace 79100+ C6. Cordora | Other conditions Succession Succe |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name. He da William EV 15. Birthplace Wy & Mells mid | |
| 11/1/2 M. 1k Sand | Major findings of operations |
| \$1 15. Birthplace | Date of op. |
| 18, Informant Zanl Zlafford | Autopsy results |
| Address Saston Mid | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 9/9/145 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17 | Accident, suicide, or homicide |
| I have I that e tekn | Where did injury occur? |
| Cemetery or crematory | |
| Location Location | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Cars W slafford | Means of injury injured af work? |
| | 1211- |
| Address 6 aston 199 | 23. SIGNATURE JULY |
| 1 9/21 " 45 n As / perus | M. D. or other |
| (Dato rec'd by registrar) Registrar | Address Mild Date sighed - 1-43 |

